

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

EDWARD Williams, SBI#350587
Plaintiff

Case# 1:07:CV-637:JJF

v.
Correctional Medical Services et al.,

Evidences, as Exhibits For pages
2 and page #3 and additional page of
Continued Statement of Claim

All copies of Sick call slips & Medical
Grievances and letters to all officials....



Edward G. Williams SBI#350537
DCC 1181 PADDOCK RD, SMYRNA, DE 19977

July 24, 2007 OLD CORRECTIONAL MEDICAL SERVICES
2 READS Way Suite 21
New Castle, Del. 19720

Dear Officials, OLD C.M.S.

My name is Edward Guy Williams SBI#350537 incarcerated in Delaware Correctional Center, Smyrna Del., 19977. This is a notice to all officials: Governor Ruth Ann Minner, Commissioner of prisons Carl Danberg, State of Del. Attn. Gen. Beau Biden, D.C.C. Warden Thomas Carroll, FIRST CORRECTIONAL MEDICAL Inc., OLD CORRECTIONAL MEDICAL SERVICES, OFFICE OF INFORMATION ON INMATE MEDICAL SERVICES FOR CORRECTIONAL MEDICAL SERVICES, and D.C.C. - Medical Department and D.C.C. medical grievance Committee: This notice is to inform all above Official that I am very sick with an Abdominal Hernia which causes me constant great daily pain, daily constipation and my intestine is caught in the 20 to 30 centimeter hole of this Abdominal Hernia which strangles my intestine. Keeping me in pain and causes me to strain and have bloody bowel movements. I was seen by DCC Doctors who had me sent to a Outside Doctor all of these Doctors said I may have Colon Cancer and I need a Colonoscopy and that I need Abdominal Hernia repair. And that my condition is life threatening if I do not receive these two medical surgeries. I have been sent out to see the same Doctor who has told me that he is tired of DCC Medical Dept. and there Medical provider.

Edward Williams SBI#350587 July 24, 2007 FIRST CORRECTIONAL MEDICAL INC,
D.C.C. 1131 PADDOCK RD. SMYRNA, DE, 19977 6861 N. ORACLE ROAD
TUCSON, ARIZONA 85704

Dear Officials, F.C.M. INC.

My name is Edward Guy Williams SBI#350587 incarcerated in Delaware Correctional Center, Smyrna Del., 19977. This is a notice to all Officials: Governor Ruth Ann Minner, Commissioner of prisons Carl Danberg, State of Del. Attn. Gen. Beau Biden, D.C.C. Warden Thomas Carroll, FIRST CORRECTIONAL MEDICAL INC., OLD CORRECTIONAL MEDICAL SERVICES, OFFICE OF INFORMATION ON INMATE MEDICAL SERVICES FOR CORRECTIONAL MEDICAL SERVICES, and D.C.C. Medical Department and D.C.C. medical grievance Committee: This notice is to inform all above Official that I am very sick with an Abdominal Hernia which causes me constant great daily pain, daily constipation and my intestine is caught in the 20 to 30 centimeter hole of this Abdominal Hernia which strangles my intestine keeping me in pain and causes me to strain and have bloody bowel movements. I was seen by DCC Doctors who had me sent to a Outside Doctor all of these Doctors said I may have Colon Cancer and I need a Colonoscopy and that I need Abdominal Hernia repair. And that my condition is life threatening if I do not receive these two medical surgeries. I have been sent out to see the same Doctor who has told me that he is tired of DCC Medical Dept. and there Medical provider.

July 24, 2007 Delaware Correctional Center
(1181 PADDOCK RD.): MEDICAL DEPARTMENT
SMYRNA DELAWARE 19977

Dear Officials,

My name is Edward Guy Williams SBI#350587 incarcerated in Delaware Correctional Center, Smyrna Del., 19977. This is a notice to all Officials: Governor Ruth Ann Minner, Commissioner of prisons Carl Danberg, State of Del. Attn. Gen. Beau Biden, D.C.C. Warden Thomas Carroll, FIRST CORRECTIONAL MEDICAL Inc., OLD CORRECTIONAL MEDICAL SERVICES, OFFICE OF INFORMATION ON INMATE MEDICAL SERVICES FOR CORRECTIONAL MEDICAL SERVICES, and D.C.C. - Medical Department and D.C.C. medical grievance Committee: This notice is to inform all above Official that I am very sick with an Abdominal Hernia which causes me constant great daily pain, daily constipation and my intestine is caught in the 20 to 30 centimeter hole of this Abdominal Hernia which strangles my intestine keeping me in pain and causes me to strain and have bloody bowel movements. I was seen by DCC Doctors who had me sent to a Outside Doctor all of these Doctors said I may have Colon Cancer and I need a Colonoscopy and that I need Abdominal Hernia repair. And that my condition is life threatening if I do not receive these two medical surgeries. I have been sent out to see the same Doctor who has told me that he is tired of DCC Medical Dept. and there Medical provider

July 24, 2007 D.C.C MEDICAL GRIEVANCE
COMMITTEE

Dear Officials,

1181 PADDOCK ROAD
Smyrna Delaware 19977

My name is Edward Guy Williams SBI#350587
incarcerated in Delaware Correctional Center, Smyrna Del.,
19977. This is a notice to all officials: Governor
Ruth Ann Minner, Commissioner of prisons Carl Dan-
berg, State of Del. Attn. Gen. Beau Biden, D.C.C Warden
Thomas Carroll, FIRST CORRECTIONAL MEDICAL Inc.,
OLD CORRECTIONAL MEDICAL SERVICES, OFFICE OF
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that I need Abdominal Hernia repair.
And that my condition is life threatening if I do not
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Medical Dept. and there Medical provider

Edward G. Williams SBI#350587
 DCC 1181 PADDOCK RD, SMYRNA DE 19977

July 24, 2007 OFFICE OF COMMISSIONER
 CARL DANBERG
 245 McKee Rd. Dover, DE. 19904

Dear Officials,

My name is Edward Guy Williams SBI#350587 incarcerated in Delaware Correctional Center, Smyrna Del., 19977. This is a notice to all Officials: Governor Ruth Ann Minner, Commissioner of prisons Carl Danberg, State of Del, Attn. Gen. Beau Biden, D.C.C. Warden Thomas Carroll, FIRST CORRECTIONAL MEDICAL Inc., OLD CORRECTIONAL MEDICAL SERVICES, OFFICE OF INFORMATION ON INMATE MEDICAL SERVICES FOR CORRECTIONAL MEDICAL SERVICES, and D.C.C. - Medical Department and D.C.C. medical grievance Committee: This notice is to inform all above Official that I am very sick with an Abdominal Hernia which causes me constant great daily pain, daily constipation and my intestine is caught in the 20 to 30 centimeter hole of this Abdominal Hernia which strangles my intestine keeping me in pain and causes me to strain and have bloody bowel movements. I was seen by DCC Doctors who had me sent to a Outside Doctor all of these Doctors said I may have Colon Cancer and I need a Colonoscopy and that I need Abdominal Hernia repair. And that my condition is life threatening if I do not receive these two medical surgeries. I have been sent out to see the same Doctor who has told me that he is tired of DCC Medical Dept. and there Medical provider

Edward G. Williams SBI#350587
DCC 1181 PADDOCK RD, SMYRNA, DE 19977

July 24, 2007 DCC Warden Thomas Carroll
1181 PADDOCK RD, SMYRNA, DE, 19977

Dear Officials, DCC Warden T. Carroll,

My name is Edward Guy Williams SBI#350587 incarcerated in Delaware Correctional Center, Smyrna Del., 19977. This is a notice to all officials: Governor Ruth Ann Minner, Commissioner of prisons Carl Danberg, State of Del. Attn. Gen. Beau Biden, D.C.C. Warden Thomas Carroll, FIRST CORRECTIONAL MEDICAL Inc., OLD CORRECTIONAL MEDICAL SERVICES, OFFICE OF INFORMATION ON INMATE MEDICAL SERVICES FOR CORRECTIONAL MEDICAL SERVICES, and D.C.C. - Medical Department and D.C.C. medical grievance Committee: This notice is to inform all above Official that I am very sick with an Abdominal Hernia which causes me constant great daily pain, daily constipation and my intestine is caught in the 20 to 30 centimeter hole of this Abdominal Hernia which strangles my intestine keeping me in pain and causes me to strain and have bloody bowel movements. I was seen by DCC Doctors who had me sent to a Outside Doctor all of these Doctors said I may have Colon Cancer and I need a Colonoscopy and that I need Abdominal Hernia repair. And that my condition is life threatening if I do not receive these two medical surgeries. I have been sent out to see the same Doctor who has told me that he is tired of DCC Medical Dept. and there Medical provider.

Edward G. Williams SBI#350537
D.C.C. 1181 PADDOCK RD, SMYRNA DE 19977

July 24, 2007 Governor Ruth Ann Minner
TATNAL Building 150 Penn St.
Dover Del. 19901

Dear Officials, Governor R.A. Minner,

My name is Edward Guy Williams SBI#350537 incarcerated in Delaware Correctional Center, Smyrna Del., 19977. This is a notice to all officials: Governor Ruth Ann Minner, Commissioner of prisons Carl Danberg, State of Del. Attn. Gen. Beau Biden, D.C.C. Warden Thomas Carroll, FIRST CORRECTIONAL MEDICAL Inc., OLD CORRECTIONAL MEDICAL SERVICES, OFFICE OF INFORMATION ON INMATE MEDICAL SERVICES FOR CORRECTIONAL MEDICAL SERVICES, and D.C.C. - Medical Department and D.C.C. medical grievance Committee: This notice is to inform all above Official that I am very sick with an Abdominal Hernia which causes me constant great daily pain, daily constipation and my intestine is caught in the 20 to 30 centimeter hole of this Abdominal Hernia which strangles my intestine keeping me in pain and causes me to strain and have bloody bowel movements. I was seen by DCC Doctors who had me sent to a Outside Doctor all of these Doctors said I may have Colon Cancer and I need a Colonoscopy and that I need Abdominal Hernia repair. And that my condition is life threatening if I do not receive these two medical surgeries. I have been sent out to see the same Doctor who has told me that he is tired of DCC Medical Dept. and there Medical provider.

Edward G. Williams SBI#350537
DCC, 1151 PADDOCK RD, SMYRNA, DE 19977

July 29th 2007 State of Del. Attn. Gen. Beau Biden
Dept. of Justice

Dear Officials, Ste. of Del. Attn. Gen. B. Biden, 820 N. French St. Wilm. DE. 19801

My name is Edward Guy Williams SBI#350537 incarcerated in Delaware Correctional Center, Smyrna Del., 19977. This is a notice to all officials: Governor Ruth Ann Minner, Commissioner of prisons Carl Danberg, State of Del. Attn. Gen. Beau Biden, D.C.C. Warden Thomas Carroll, FIRST CORRECTIONAL MEDICAL Inc., OLD CORRECTIONAL MEDICAL SERVICES, OFFICE OF INFORMATION ON INMATE MEDICAL SERVICES FOR CORRECTIONAL MEDICAL SERVICES, and D.C.C. - Medical Department and D.C.C. medical grievance Committee: This notice is to inform all above Official that I am very sick with an Abdominal Hernia which causes me constant great daily pain, daily constipation and my intestine is caught in the 20 to 30 centimeter hole of this Abdominal Hernia which strangles my intestine. Keeping me in pain and causes me to strain and have bloody bowel movements. I was seen by DCC Doctors who had me sent to a Outside Doctor all of these Doctors said I may have Colon Cancer and I need a Colonoscopy and that I need Abdominal Hernia repair. And that my condition is life threatening if I do not receive these two medical surgeries. I have been sent out to see the same Doctor who has told me that he is tired of DCC Medical Dept. and there Medical provider

July 24, 2007 OFF. OF Info on Inmate Medical Services
CORRECTIONAL MEDICAL SERVICES
1201 College Park Drive Suite 101 Dover Del.
19904

Dear Officials, C.M.S.

My name is Edward Guy Williams SBI#350587
incarcerated in Delaware Correctional Center, Smyrna Del.,
19977. This is a notice to all officials: Governor
Ruth Ann Minner, Commissioner of prisons Carl Dan-
berg, State of Del. Attn. Gen. Beau Biden, D.C.C. Warden
Thomas Carroll, FIRST CORRECTIONAL MEDICAL Inc.,
OLD CORRECTIONAL MEDICAL SERVICES, OFFICE OF
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Committee: This notice is to inform all above
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that I need Abdominal Hernia repair.
And that my condition is life threatening if I do not
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sent out to see the same Doctor who
has told me that he is tired of DCC
Medical Dept. and there Medical provider

TO: D.C.C. Delaware Correctional Center Grievance Information
Smyrna Landing Road, Smyrna, DE, 19977

From Inmate: Edward G. Williams SBI#350587

D.C.C. Housing Unit: D/E F. 21

Date August 7, 2007 Wednesday

Subject: Appeal of Medical Grievance #110563

STATUS UNRESOLVED Dated 7/17/07

There seems to be a problem with the
Computer and Staff being on Vacation
during the receipt of this Appeal
#110563

The Computer printout states that
my Appeal is not an Appeal and
that due to Vacations no
grievance were picked up
on July 3, 2007 when this
Appeal was due on July 1st 2007

I filed this Appeal on time, #110563.
It is not my Fault Vacations stop
my Appeal from being picked up
and heard on time my medical
Condition is life threatening I
may have colon Cancer and I
have been waiting for over
29 months for a Colonoscopy
and I have an ABDOMINAL

GRADY & HAMPTON, LLC
6 NORTH BRADFORD STREET
DOVER, DELAWARE 19904

JOHN S. GRADY
STEPHEN A. HAMPTON

DOVER (302) 678-1265
SUSSEX (302) 855-1313
FAX (302) 678-3544

August 7, 2007

VIA FAX: (302) 778-6010

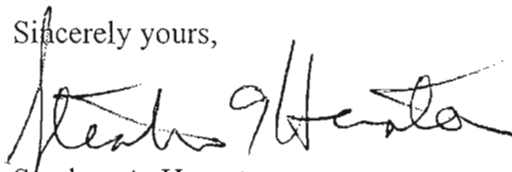
Judge Joshua W. Martin, III
Independent Monitor
Potter, Anderson & Corroon, LLP
1313 N. Market Street
P.O. Box 951
Wilmington, DE 19899

Re: Inmate Edward G. Williams
SBI# 350587

Dear Judge Martin:

Mr. Williams reports a life threatening abdominal problem, which an outside doctor has determined to be a medical emergency. Apparently, CMS/DOC is refusing to pay for the surgery. How long will CMS/DOC be permitted to gamble with the lives of inmates such as Mr. Williams? CMS's profit margin is not a legitimate reason to deny essential care.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Stephen A. Hampton", with a date "9/11/07" written next to it.

Stephen A. Hampton

SAH/ph
Enclosures

cc: ✓ Edward G. Williams
Cathleen Trainor



STATE OF DELAWARE
OFFICE OF THE GOVERNOR

RUTH ANN MINNER
GOVERNOR

August 10, 2007

Mr. Edward G. Williams
Delaware Correctional Center
SBI# 350587
1181 Paddock Road
Smyrna, DE 19977

Dear Mr. Williams:

Thank you for contacting Governor Ruth Ann Minner. The Governor is in receipt of your letter, and has asked the office of constituent relations to respond on her behalf. Governor Minner appreciated it when fellow Delawareans take the time to communicate directly on the many issues we face in Delaware.

I have asked the Department of Corrections Commissioner Carl Danberg to review your letter and take the appropriate action. Thank you again for taking the time to write to Governor Minner.

Sincerely,

Handwritten signature of Keyla Rivero-Rodriguez.
Keyla Rivero-Rodriguez
Constituent Relations

Delaware Department of Correction Health Care Services Fee Sheet

Inmate Name Williams Edward SBI # 350587
(Last, First MI)

Facility DCC Date 9/4/06

<u>P</u>	Chargeable Visit	\$4.00
<u> </u>	Non Chargeable Visit	-0-
<u>P</u>	Medication Handling Fee (\$2.00 X <u>2</u>)	\$ <u>4.00</u>

Total Amount Charged To Inmate Account \$ 8.00

Health Care Staff Signature: Rebecca White

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Edward Williams Date: 9/4/06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Williams, Edward SBI # 350587
(Last, First MI)

Facility OCC Date 12-1-06

☐ Chargeable Visit \$4.00
☐ Non Chargeable Visit
☒ Medication Handling Fee (\$2.00 X) \$2.00⁻⁰⁻

Total Amount Charged To Inmate Account \$6.00

Health Care Staff Signature: Kathy Klager

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Edward Williams Date: 12/01/06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
 Copy: Inmate Medical Record (yellow)
 Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

Delaware Department of Correction Health Care Services Fee Sheet

Inmate Name Williams Edward SBI # 350587
(Last, First MI)

Facility DCC Date 5/10/07

☒ Chargeable Visit \$4.00
☐ Non Chargeable Visit -0-
☐ Medication Handling Fee (\$2.00 X) \$

Total Amount Charged To Inmate Account \$ 4.00

Health Care Staff Signature: Thomas Chuko APC

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: X Edward Williams Date:

1) *Witness Signature: Date:

2) *Witness Signature: Date:

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by Date
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Williams, Eduw¹ SBI # 350587
(Last, First MI)

Facility DCC-DE Date 7-12-07

☒ Chargeable Visit \$4.00
☐ Non Chargeable Visit -0-
☐ Medication Handling Fee (\$2.00 X _____) \$ _____

Total Amount Charged To Inmate Account \$ 4.00

Health Care Staff Signature: A. Micken

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Edward Williams Date: 7-12-07

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
 Copy: Inmate Medical Record (yellow)
 Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward X. Williams
 Name (Print)

Compound
D. East Bldg. F-21 - Bottom Bunk
 Housing Location

12/01/59
 Date of Birth

350587
 SBI Number

11/14/06
 Date Submitted

Complaint (What type of problem are you having)? I have a size 10 centimeter abdominal
hernia hole in my abdomen and I was due for surgery. I want to
know was I approved for the surgery. The doctor she said she thought
I was transferred to George Town. I have been in Smyrna since Oct 1998.
I also am in pain from the hernia and I need foot fungus cream and new-
Balance sneakers for my bad feet. Thank you.

Inmate Signature

Edward X. Williams

Date

11/14/06

The below area is for medical use only. Please do not write any further.

S: You have been scheduled with a provider.

Ln

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

NOV 17 2006

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward X. Williams
Name (Print)

D/E F-21 Cell
Housing Location

12/01/59
Date of Birth

350587
SBI Number

11/26/06
Date Submitted

Complaint (What type of problem are you having)?

I also need Foot Fungus cream and Etonic sneakers for my bad leg + feet.
I have a abdominal hernia it's
causing me great pain it has a 10 centimeter hole in it hurts
me. Last year a outside Doctor said he operate to repair it. I signed a
sick call slip last week for this My abdominal hernia is causing me
great pain. I need a Doctor to look at it with a sonogram to see
it's poor condition
Inmate Signature Edward X. Williams Date 11/26/06 And a Colonoscopy.

The below area is for medical use only. Please do not write any further.

S:

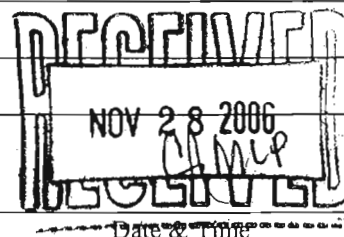
O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title



Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward Williams
Name (Print)

D/E F-21
Housing Location

12/10/59
Date of Birth

350587
SBI Number

01/15/07
Date Submitted

Complaint (What type of problem are you having)? I need Foot Fungus cream

For athlete's Foot Fungus and I need to see Dr. Vandusen
and a Foot Doctor I need a Abdominal Hernia Binder the police
took the one you gave me I need stool softener For Constipation
And pain Killer For Abdominal Hernia injury Intestine is internally hole causing
Bloody stools Edward Williams 01/15/07 I need surgery
I need to see a outside Doctor immediately emergency ASAP.

The below area is for medical use only. Please do not write any further.

S: One slip

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward X. Williams D/E F-21
Name (Print) Housing Location
12/01/59 350587 01/15/07
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? Constant pain From an abdominal
hernia my intestine is coming through my mesh wall in my stomach
causing me great pain Bloody stool constant Constipation puts Bile
in my blood stream stops me From Walking For several years now I need
Emergency medical Care From an Outside Doctor and Hospital now.

Edward X. Williams
Inmate Signature

01/15/07
Date

The below area is for medical use only. Please do not write any further.

S: Appt Sched TL

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward Williams
Name (Print)

D/E F-21
Housing Location

12/01/59
Date of Birth

350587
SBI Number

01/15/07
Date Submitted

Complaint (What type of problem are you having)?

Leg swelling Foot Swelling every day and muscle spasms
I need to see Dr. Vandusen For Foot Doctor and my Abdominal Hernia
is Worst than before paining me I can't walk some days, Bloody stools
Constant constipation Stomach aches I need x-rays I Feel my intestine
Coming through the Hernia hole in my abdomen I need pain killers and colon cancer
exam and prostate cancer exam and stomach binder and stool (Softer)
Inmate Signature Edward Williams Date 01/15/07 And Foot wear.

The below area is for medical use only. Please do not write any further.

S: You are suppose to write me sick
Call slip at a time not (3)
which one do you want us to address. - Ju

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

1/19/07 Ju

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward Williams

Name (Print)

D/E - F.21

Housing Location

12/01/54

Date of Birth

350587

SBI Number

01/16/07

Date Submitted

Complaint (What type of problem are you having)?

To be checked For Prostrate
Cancer and Colon Cancer and to be given a Sonogram or
x-ray to see how big long and wide the Abdominal Hernia
hole is that my intestine is coming through the mesh Wall in my
Stomach causing me Pain, Bloody Stools Constipation and Sickness From
Bile entering my Blood Stream I need to see outside Doctor.

The below area is for medical use only. Please do not write any further.

S: Appt schedule

Supp

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED
263

JU 1/19/07

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward Williams

Name (Print)

D/E - F-21

Housing Location

12/01/59

Date of Birth

350587

SBI Number

01/22/07

Date Submitted

Complaint (What type of problem are you having)? Bloody stools constipation due to

my intestine is caught inside a hole in a abdominal hernia some days
I'm in so much pain I can't walk Bile is entering my Blood Stream
keeping me sick I need to see Dr. Vandusen and a Outside Doctor I'm
late for two Surgeries For hernia repair and colonoscopy I also need
to be check for prostate CANCER and Xray or Sonogram of this hernia

Edward Williams Inmate Signature

Date

01/22/07

The below area is for medical use only. Please do not write any further.

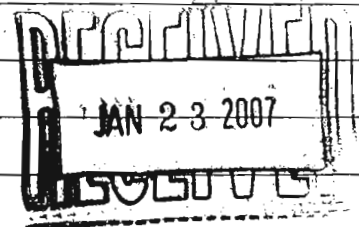
S: Already Scheduled - MD IMP. - gm

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

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E:



Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward Williams

Name (Print)

D/E F-21

Housing Location

12/01/59

Date of Birth

350587

SBI Number

01/26/07

Date Submitted

Complaint (What type of problem are you having)? I need to see the Prison Doctor and a Outside

Doctor this Abdominal Hernia is keeping me Sick and in pain and Constipated causing me Bloody stools my intestine is caught in the hole of this Hernia Strangulation of my intestine from being Caught in this hernia hole. I also have the Flu and I have athlete's feet and I need to see a Foot Doctor and I need a prostate Cancer exam and a colon Cancer exam I need to see Prison Doctors and Out side Doctors.

Edward Williams
Inmate Signature

01/26/07
Date

The below area is for medical use only. Please do not write any further.

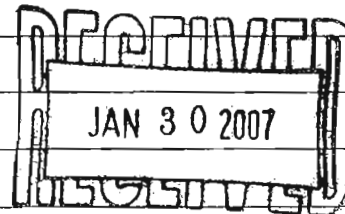
S: Scheduled EMD/MLP, -9m

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____



Provider Signature & Title

Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward Williams

Name (Print)

D/E - F-21

Housing Location

12/10/59

Date of Birth

350587

SBI Number

Feb. 4 2007

Date Submitted

Complaint (What type of problem are you having)? EMERGENCY POSSIBLE MENINGITIS, FLU or EYEMONIA ???
I have the Flu or EYEMONIA

a Very Hot sweating Fever For two weeks now headaches
ear aches Chest aches shivers some days I can't breathe
this is my 3rd or 4th week requesting to see a Doctor or nurse
For proper Medical treatment I'm sneezing + coughing up cold,

Edward Williams

Inmate Signature

2/04/07

Date

The below area is for medical use only. Please do not write any further.

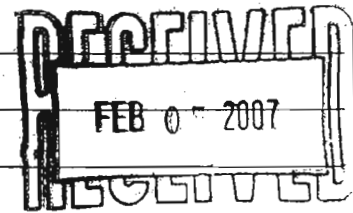
S: Already scheduled 2 MD/MUP. -om

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:



Provider Signature & Title

Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

JAMES G. BROWN a.k.a

Edward X. Williams

Name (Print)

D/E - F-21 COMPOUND

Housing Location

12/01/59

Date of Birth

350587

SBI Number

02/08/07

Date Submitted

Complaint (What type of problem are you having)? My intestine is caught inside an abdominal hernia hole and is causing me stomach pain bloody stools constipation and some days I can't stand or walk Bile is entering my blood stream keeping me sick I also have Flu, Meningitis or Pneumonia and Foot Fungus I need to see a Nurse or a Doctor in here or outside
 James Brown & Edward X. Williams 02/08/07
 a.k.a Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S: You are scheduled for MD/NLP medical/ID

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward Williams

Name (Print)

D/E - F-21

Housing Location

12/01/59

Date of Birth

350587

SBI Number

04/10/07

Date Submitted

It's been almost 2 yrs, and some month waiting on being Operated on this Hernia?
 Complaint (What type of problem are you having)? My Stomach abdominal Hernia is bother-

ing me it hurts me to move my bowels I need the Abdominal Binder
and that sock For my swollen leg to help circulate + prevent varicosities I
need Foot Fungus cream and Shampoo For dry scaris and Ensure drinks For my
stomach booter drinks and lotion For dry skin on my stomach and to
know Am I Approved For Hernia repair Surgery + Colonoscopy exam.

Inmate Signature *

Edward Williams

Date

04/10/07

The below area is for medical use only. Please do not write any further.

S: You have no order for Booster Drinks

and you saw MRS. DTT on 3-14-07

ABD. Binder will be given when it arrives.

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: APR 12 2007

EDUCATIONAL MATERIAL
 CORRECTIONAL MEDICAL SERVICES

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward X Williams

Name (Print)

D/E F-21

Housing Location

12/01/59

Date of Birth

350587

SBI Number

04/16/07

Date Submitted

I have head Aches and neck aches I'm sick, Sick, Sick
I need to see Doctors OTT or Dr. Vandusen Emergency Appointment
Complaint (What type of problem are you having)? I either have Meningitis, hay Fever or

pneumonia I need to see Dr. OTT or Dr. Vandusen I'm diabetic my legs and feet
and my hands swell so I need an Order from those Doctors For Booster drinks,
and info when will I be approved For hernia repair Surgery and Colonoscopy exam.
and I need my sock For my swollen leg and my Abdominal Binder and lotion For dry skin
and Allethes Foot Cream For my Fungus Feet + medicated Shampoo For sores dry-
scalp + to have my Painkiller medication renewed I'm in pain daily.

Inmate Signature

Date 4/16/07

The below area is for medical use only. Please do not write any further.

S: You are scheduled to see MD/MCP
Soon - KC

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward X. Williams

Name (Print)

D/E F-21

Housing Location

12/01/59

Date of Birth

350587

SBI Number

5/02/07

Date Submitted

Complaint (What type of problem are you having)? I need to see the Foot Doctor
Handsel I have had feet one that was Fractured and no
Cast was put on it and the ankle bone is out of place and it
hurts every time when I walk on it the other Foot was infected
in the heel It causes me great pain when I walk on it. I need foot surgery.

Edward X. Williams

Inmate Signature

5/02/07

Date

The below area is for medical use only. Please do not write any further.

S:

Schedule f/u with MD/MUP-KC

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward WilliamsDIE-F-21

Name (Print)

12-01-59

Date of Birth

350587

SBI Number

Housing Location

7/02/07

Date Submitted

This is my 5th sick call slip about this in 2 weeks can I see a Dr?
Complaint (What type of problem are you having)? I'm constipated and in pain from

an Abdominal Hernia of which my intestine is caught in the hole of the
Abdominal Hernia Patch I ran out of Colace and I need a new per-
scription of it and I need a new prescription of Ultram pain pills
because I'm in pain daily and it runs out of the 10th of July 07. And I
need to see the Doctor about my Diabetes tests and HIV tests
and Colon Cancer tests. Inmate Signature: * Edward Williams Date: 7/02/07

The below area is for medical use only. Please do not write any further.

S: will refer for outside consult and also schedule
with a MD/imp

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

RECEIVED

AUG 28 2007

Provider Signature & Title

EDUCATIONAL MATERIAL
CORRECTIONAL MEDICAL SERVICES
Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward Williams

Name (Print)

DIEF-21

Housing Location

12/01/59

Date of Birth

350587

SBI Number

7/03/07

Date Submitted

Complaint (What type of problem are you having)?

I need my Diabetes tests results. Upset stomach From Salmonella poisoning. I need to see a Doctor today now the pain my Abdominal Hernia is going through and my Colace ran out and my pain pills Ultrams will run out on July 10, 2007 I'm sick sick and suffering great pain and I need to see a Doctor this is my sixth sick call slip. Does any one care why Am I being Denied to see a doctor?

Inmate Signature

Edward Williams

Date

7/03/07

The below area is for medical use only. Please do not write any further.

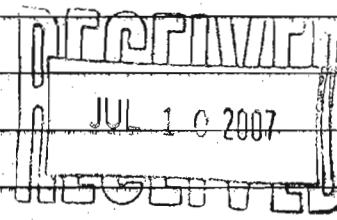
S: you have been asked with MUP on 7/16/07
 Medical

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:



Provider Signature & Title

Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward X. Williams

Name (Print)

*Emergency Chronic Care Situation help! Me!

DIE-F-21

Housing Location

12/01/59

Date of Birth

350587

SBI Number

7/04/07

Date Submitted

please
Mercy.

Chronic Care I'm in great pain and for 3 weeks I've complained that than and now
Complaint (What type of problem are you having)?-My right leg keeps swelling I think

It's from Sugar Diabetes? I need to see a Doctor. I also believe I
have Salmonella Food Poisoning I need to see a Doctor my Ab-
dominal Hernia and my entire Abdomen is in great pain. I also believe I
have Colon Cancer I need to see a Doctor, this is my seventh sick
call slip and my third week waiting I'm in pain constipated and
possible Straphy throat and I need new prescriptions of colace & loper-
amide

The below area is for medical use only. Please do not write any further. 7/04/07 Date

S:

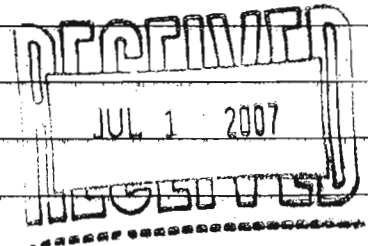
Slen 7/12/07

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:



Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward Williams

DIE - F-21

Name (Print)

Housing Location

12-01-59

350587

07/09/07

Date of Birth

SBI Number

Date Submitted

I have 3 weeks of Sick Call slips saying I'm to see a Doctor when is that?
Complaint (What type of problem are you having)? I have the same problems I have
had for the last three weeks of filling Sick Call slips constant
pain daily constipation from this Abdominal Hernia I need to see
A Doctor to get checked for Salmonella poisoning Diabetes tests
results HIV treatment new prescription for Ultram + Colace and Booster
drinks For diabetes Edward Williams 07/09/07
and constant weight loss + my sock for swelling
Foot + leg

The below area is for medical use only. Please do not write any further.

S:

Seen 7/12/07

O:

Temp: _____

Pulse: _____

Resp: _____

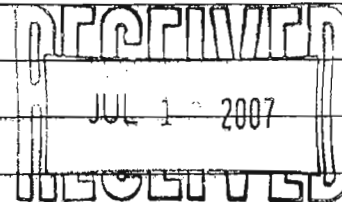
B/P: _____

WT: _____

A:

P:

E:



Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

5084 Edward Williams

Name (Print)

D/E - F. 2

Housing Location

12-01-59

Date of Birth

350587

SBI Number

8/28/07

Date Submitted

SEP 04 2007

Complaint (What type of problem are you having)? I'm having bloody bowel movements, From problems with this Abdominal Hernia my intestine is strangling in the hole of the hernia rupture. I need emergency Surgery it keeps me in pain day and night and Stomach Aches I also need colonoscopy and I need to see Doctor McCall to renew my ultram Prescription So I won't get cut off my meds on 9/12/07.

Edward Williams

Inmate Signature

8/28/07

Date

Thank you.

The below area is for medical use only. Please do not write any further.

S: You were seen on 8/30/07. Any further problems please submit another sick call.
Thanks

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

GRIEVANCE FORM

Inmate Grievance Office

FORM #585

MEDICAL GRIEVANCE

f21

FACILITY: D.C.C. SMYRNA,DATE SUBMITTED: 01/15/07INMATE'S NAME: Edward X. WilliamsSBI#: 350587HOUSING UNIT: D/E - F-21CASE #: 98272

SECTION #1

Date 12/1/06 its in prison logbook

DATE & TIME OF MEDICAL INCIDENT: Date I was taken to outside Doctor who was not in,

TYPE OF MEDICAL PROBLEM: Hernia mesh in stomach has a hole in it that my intestine is coming through it causing me constant Constipation Stomach aches bile to enter my blood stream poisoning me inside my body and it causes me Bloody stools and pain so great I can't walk. I was taken to the outside Doctor a year ago, approved For Surgery but some one marked my serious medical Condition down as non medical 2 to 3 weeks ago I was taken to an outside Doctor who was not in. My medical Condition is not being attended to seriously.

GRIEVANT'S SIGNATURE: Edward X. Williams DATE: 01/15/07

ACTION REQUESTED BY GRIEVANT: To be taken to the outside Doctor and to outside hospital, to be given x-rays or sonar gram of my Abdominal hernia to be given a Colon Cancer exam and prostate Cancer exam and a Abdominal Binder and proper medical Care and emergency medical care

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

RECEIVED

JAN 19 2007

Inmate Grievance - ICE

FORM #585

MEDICAL GRIEVANCE

F21

FACILITY: D.C.C. SMYRNADATE SUBMITTED: 01/19/07INMATE'S NAME: Edward WilliamsSBI#: 350587HOUSING UNIT: D/E - F-21CASE #: 98254SECTION #1DATE & TIME OF MEDICAL INCIDENT: 01/19/07

TYPE OF MEDICAL PROBLEM: I have internal Bleeding From an abdominal hernia my intestine is caught in a hole of this Abdominal hernia causing me to stay constipated and to have Bloody stools and causes me great pain some days I can't move my bowels or walk and Bile is entering my Blood stream keeping toxins in my Blood keeps me sick and in great stomach pain I requested to see Dr. Vandusen and to see an outside Doctor Filed Four Medical Sick Call slips Medical gave me a appointment to see a Dentist instead of seeing me for this AB- DOMINAL HERNIA, and for Prostrate CANCER EXAM by Drs. requested.

GRIEVANT'S SIGNATURE: Edward Williams DATE: 01/19/07

ACTION REQUESTED BY GRIEVANT: To be seen as a emergency by the Prison Doctor and by an outside Doctor concerning my serious injuries From this Abdominal Hernia my intestine is coming through a hole inside a Artificial Patch wall in my Abdomen - It can kill me ask Doctors.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

RECEIVED

JAN 24 2007

Inmate Grievance Office

FORM #585

MEDICAL GRIEVANCEFACILITY: DCC SMYRNADATE SUBMITTED: 7/03/07INMATE'S NAME: Edward WilliamsSBI#: 350587HOUSING UNIT: DIE F021CASE #: 128183

RECEIVED

JUL 10 2007

Inmate

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 6/30/07 Lunchtime Chowhall

TYPE OF MEDICAL PROBLEM: SALMONELLA poisoning DCC Chowhall served some coleslaw that made me sick upset set my stomach I filed a sick call slip to see a Doctor For the pain and suffering my stomach is still going through and I have a hernia my Colace stool softner pills ran out and my pain pills Ultram will expire on July 10, 2007 and I need to see the Doctor For this Salmonella poisoning and For Chronic Care For my Diabetes tests and HIV Tests.

GRIEVANT'S SIGNATURE

DATE:

Edward Williams7/3/07 July 3, 2007

ACTION REQUESTED BY GRIEVANT:

To be put on the sick call call up Appointment slip For emergency Doctor Appointment For Salmonella poisoning and For new prescriptions For Colace and Ultram pills + Booster drinks For

DATE RECEIVED BY MEDICAL UNIT:

Diabetics and to be given Colon Cancer exam and my

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Diabetes tests and HIV Tests results and Hernia Surgery

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C. SMYRNA DATE: Fri. 7/06/07
 GRIEVANT'S NAME: Edward Williams SBI#: 350587
 CASE#: 129725 TIME OF INCIDENT: 8:56 & 9:00 in the
 HOUSING UNIT: D/E F-21 Morning Medication

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

AT 8:56 I walked out my cell to the F-tier door to see if Medication call was called. And I noticed the door was locked and inmates were out in the hall waiting for passes to go to Medication Infirmary window. I called C/o Adams C/o Lynes Bell and C/o BARRETT. All three of them denied me my Constitutional right to get my medication which is for pain & Ultrams. And it was not even 9:00 which is the time medication call is supposed to be called they never called it...

ACTION REQUESTED BY GRIEVANT:

For the three C/o to be punished for violating my Constitutional right to go to medication which all three of them denied me & of going to And for all C/os to be made mandatory for them all to call Medication out loud and to give us the time to get-

GRIEVANT'S SIGNATURE: _____

DATE: _____

ready for Medication to respect those rights of USCA

WAS AN INFORMAL RESOLUTION ACCEPTED?

(YES) _____

(NO) _____

to be given Access to medical treatment daily....

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

RECEIVED

JUL 10 2007

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 12/01/2006

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 84265	Grievance Date : 11/17/2006	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 11/16/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: I am in pain from an abdominal hernia which has a 10 centimeter hole. I was taken to a doctor in Dover who said he would do surgery to repair it and do a colonoscopy if the medical approves it. My question to medical staff here is was I approved? The doctor here said she thought I was transferred to Georgetown. And provided no answer to my question. While I'm sick and in pain and a year late for surgeries. I could die from this poisonous. Abdominal surgery sick call has been denied on 11/16/06.

Remedy Requested : To be seen by the DCC doctor and given x-ray again on the abdominal hernia and to be seen by the outside doctor who said he do the surgery and to be put under his health care. This is an Emergency.

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 12/01/2006
Investigation Sent : 12/01/2006	Investigation Sent To : Rodweller, Deborah
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 12/01/2006

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 84265	Grievance Date : 11/17/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 11/16/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

INFORMAL RESOLUTION

Investigator Name : Rodweller, Deborah **Date of Report** 12/01/2006

Investigation Report :

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 01/23/2007

GRIEVANCE INFORMATION - MGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 84265	Grievance Date : 11/17/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 11/16/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

MGC

Date Received : 12/08/2006

Date of Recommendation: 01/23/2007

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Eller, Gail	Uphold
Staff		Gordon, Oshenka	Uphold
Staff		Branch, Adriene	Uphold
Staff		McCreanor, Michael	Uphold

VOTE COUNT

Uphold : 4

Deny : 0

Abstain : 0

TIE BREAKER

Person Type	SBI #	Name	Vote
-------------	-------	------	------

RECOMMENDATION

Hearing held 23 January 2007.
 Uphold: 9/15/06 abdominal binder given
 states C/O took it in Dec 06.
 Schedule to see MD this wk
 Consult written 12/5/06
 Appeal form supplied. Appeal due 30 January 2007.

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 02/12/2007

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 99105	Grievance Date : 02/08/2007	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 02/05/2007	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: I don't know why DCC medical staff keeps sending my sick call slips back saying I'm scheduled already but I have not seen a nurse or a doctor yet for possible meningitis, flu, or pneumonia head cold chest cold and coughing up cold and blood. I filed the sick call slip on 2/4/07. I have had high fever and chills and I have not been to see a nurse or doctor yet.

Remedy Requested : To be scheduled for real and put on the sheet with the date and time to be seen. Seen by a nurse and a doctor to be checked for meningitis flu, or pneumonia or hay fever?

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 02/12/2007
Investigation Sent : 02/12/2007	Investigation Sent To :
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 02/12/2007

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 99105	Grievance Date : 02/08/2007	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 02/05/2007	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg D-EAST, Tier F, Cell 21, Bottom	

INFORMAL RESOLUTION

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 02/12/2007

GRIEVANCE INFORMATION - IGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 99105	Grievance Date : 02/08/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 02/05/2007	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

IGC

Medical Provider: Contracted Health Services Date Assigned 02/12/2007

Comments:

☐ Forward to MGC ☒ Forward to Medical Provider ☐ Warden Notified
☐ Forward to RGC Date Forwarded to MGC :
☐ Offender Signature Captured Date Offender Signed :

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 02/12/2007

GRIEVANCE INFORMATION - MEDICAL PROVIDER**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 99105	Grievance Date : 02/08/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 02/05/2007	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

MEDICAL PROVIDER

Provider Name : Contracted Health Services	Date Received : 02/12/2007
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MEDICAL HISTORY

Dates	Treatment
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DECISION

Decision Date:	Vote :
Comments :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 02/12/2007

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 03/08/2007

F21

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 99105	Grievance Date : 02/08/2007	Category : Individual
Status : Resolved	Resolution Status : Level 2	Resol. Date : 03/08/2007
Grievance Type: Health Issue (Medical)	Incident Date : 02/05/2007	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: I don't know why DCC medical staff keeps sending my sick call slips back saying I'm scheduled already but I have not seen a nurse or a doctor yet for possible meningitis, flu, or pneumonia head cold chest cold and coughing up cold and blood. I filed the sick call slip on 2/4/07. I have had high fever and chills and I have not been to see a nurse or doctor yet.

Remedy Requested : To be scheduled for real and put on the sheet with the date and time to be seen. Seen by a nurse and a doctor to be checked for meningitis flu, or pneumonia or hay fever?

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 02/12/2007
Investigation Sent : 02/12/2007	Investigation Sent To :
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 03/08/2007

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 99105	Grievance Date : 02/08/2007	Category : Individual
Status : Resolved	Resolution Status: Level 2	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 02/05/2007	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

INFORMAL RESOLUTION

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 03/08/2007

GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 99105	Grievance Date : 02/08/2007	Category : Individual
Status : Resolved	Resolution Status : Level 2	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 02/05/2007	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

IGC

Medical Provider: Contracted Health Services Date Assigned 02/12/2007

Comments:

Hearing held 6 March 2006. Inmate signed off as resolved.

☒ Forward to MGC ☒ Forward to Medical Provider ☐ Warden Notified

☐ Forward to RGC Date Forwarded to MGC :

☐ Offender Signature Captured Date Offender Signed :

DCC Delaware Correctional Center

Date: 03/08/2007

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

GRIEVANCE INFORMATION - MEDICAL PROVIDER**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 99105	Grievance Date : 02/08/2007	Category : Individual
Status : Resolved	Resolution Status : Level 2	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 02/05/2007	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

MEDICAL PROVIDER

Provider Name : Contracted Health Services	Date Received : 02/12/2007
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MEDICAL HISTORY

Dates	Treatment
02/13/2007	Treated at NSC on 12/20/06, going to outside consult in two weeks. Placed on dr line for complaints of coughing up blood and flu like symptoms. Next level

DECISION

Decision Date:	Vote :
Comments :	

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 03/08/2007

GRIEVANCE INFORMATION - MGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 99105	Grievance Date : 02/08/2007	Category : Individual
Status : Resolved	Resolution Status: Level 2	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 02/05/2007	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

MGC

Date Received : 02/14/2007

Date of Recommendation: 02/14/2007

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
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VOTE COUNT

Uphold :

Deny :

Abstain :

TIE BREAKER

Person Type	SBI #	Name	Vote
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RECOMMENDATION

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 05/01/2007

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: Emergency doctor appointment surgery. On 4/10/07 I filed a sick call slip complaining about my abdominal hernia is bothering and it gives me great pain and it's been almost 2 yrs, and some months that I have been waiting. For an answer have I been approved for hernia repair surgery and colonosphy exam? And when will I receive my abdominal binder and my sock for my swollen leg and my booster drink I'm a diabetic and fungus cream for my athlete feet and lotion for dry skin and medicated shampoo for my dry scalp. I need to see doctor ott or Dr. Vandusen I'm denied appointments.

Remedy Requested : To be given appointment to see Dr. Ott or Dr. Vandusen and to be given answers as well as medical attention for the above medical problems mentioned especially emergency hernia surgery and colonosphy exam am I approved or not?

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 05/01/2007
Investigation Sent : 05/01/2007	Investigation Sent To :
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 05/01/2007

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

INFORMAL RESOLUTION

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 05/01/2007

GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type : Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

IGC

Medical Provider: Contracted Health Services **Date Assigned** 05/01/2007

Comments:

☐ Forward to MGC
 ☒ Forward to Medical Provider
 ☐ Warden Notified
☐ Forward to RGC
 Date Forwarded to MGC :
☐ Offender Signature Captured
 Date Offender Signed :

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 05/01/2007

GRIEVANCE INFORMATION - MEDICAL PROVIDER

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

MEDICAL PROVIDER

Provider Name : Contracted Health Services	Date Received : 05/01/2007
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MEDICAL HISTORY

Dates	Treatment
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DECISION

Decision Date:	Vote :
Comments :	

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 06/25/2007

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: Emergency doctor appointment surgery. On 4/10/07 I filed a sick call slip complaining about my abdominal hernia is bothering and it gives me great pain and it's been almost 2 yrs, and some months that I have been waiting. For an answer have I been approved for hernia repair surgery and colonosphy exam? And when will I receive my abdominal binder and my sock for my swollen leg and my booster drink I'm a diabetic and fungus cream for my athlete feet and lotion for dry skin and medicated shampoo for my dry scalp. I need to see doctor ott or Dr. Vandusen I'm denied appointments.

Remedy Requested : To be given appointment to see Dr. Ott or Dr. Vandusen and to be given answers as well as medical attention for the above medical problems mentioned especially emergency hernia surgery and colonosphy exam am I approved or not?

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 05/01/2007
Investigation Sent : 05/01/2007	Investigation Sent To :
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 06/25/2007

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

INFORMAL RESOLUTION

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 06/25/2007

GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

IGC

Medical Provider: Contracted Health Services Date Assigned 05/01/2007

Comments:

☐ Forward to MGC
 ☒ Forward to Medical Provider
 ☐ Warden Notified
☐ Forward to RGC Date Forwarded to MGC :
☐ Offender Signature Captured Date Offender Signed :

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 06/25/2007

GRIEVANCE INFORMATION - MEDICAL PROVIDER

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

MEDICAL PROVIDER

Provider Name : Contracted Health Services Date Received : 05/01/2007

MEDICAL HISTORY

Dates	Treatment
04/19/2007	SEEN BY OTT, NP
05/09/2007	CT ABD & PELVIS W/ CONTRAST & COLONOSCOPY ORDERED BY DR. VANDUSEN
05/23/2007	PER OUTPT CLERK, CT ABD & PELVIS + COLONOSCOPY APPROVED & SCHEDULED

DECISION

Decision Date: Vote :

Comments :
 ADVANCE TO LEVEL II

DCC Delaware Correctional Center

Date: 06/25/2007

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

GRIEVANCE INFORMATION - MGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G SBI# : 00350587 Institution : DCC
 Grievance # : 110563 Grievance Date : 04/16/2007 Category : Individual
 Status : Unresolved Resolution Status: Inmate Status :
 Grievance Type: Health Issue (Medical) Incident Date : 04/12/2007 Incident Time :
 IGC : McCreanor, Michael Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom

MGC

Date Received : Date of Recommendation: 06/25/2007

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Washington, Deborah	Uphold
Staff		Eller, Gail	Uphold
Staff		Courtney, Christina	Uphold

VOTE COUNT

Uphold : 3

Deny : 0

Abstain : 0

TIE BREAKER

Person Type	SBI #	Name	Vote
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RECOMMENDATION

Grievance Hearing Date: June 25, 2007

MGC Decision: Uphold

Grievance Status: Unresolved

Appeal Due: July 1, 2007

Needs new order for Colace. Submit Nurse Sick Call Slip for evaluation for new pain medication order.

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 07/17/2007

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: Emergency doctor appointment surgery. On 4/10/07 I filed a sick call slip complaining about my abdominal hernia is bothering and it gives me great pain and it's been almost 2 yrs, and some months that I have been waiting. For an answer have I been approved for hernia repair surgery and colonosphy exam? And when will I receive my abdominal binder and my sock for my swollen leg and my booster drink I'm a diabetic and fungus cream for my athlete feet and lotion for dry skin and medicated shampoo for my dry scalp. I need to see doctor ott or Dr. Vandusen I'm denied appointments.

Remedy Requested : To be given appointment to see Dr. Ott or Dr. Vandusen and to be given answers as well as medical attention for the above medical problems mentioned especially emergency hernia surgery and colonosphy exam am I approved or not?

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 05/01/2007
Investigation Sent : 05/01/2007	Investigation Sent To :
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 07/17/2007

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

INFORMAL RESOLUTION

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 07/17/2007

GRIEVANCE INFORMATION - IGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

IGC

Medical Provider: Contracted Health Services **Date Assigned** 05/01/2007

Comments:

☐ Forward to MGC ☒ Forward to Medical Provider ☐ Warden Notified

☐ Forward to RGC **Date Forwarded to MGC :**

☐ Offender Signature Captured **Date Offender Signed :**

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 07/17/2007

GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

APPEAL REQUEST

Appeal received July 10, 2007. Due to vacations there were no grievances picked-up on July 3, 2007

I am not appealing not being provided emergency colonoscopy for possible colon cancer and abdominal hernia repair surgery. These I have been waiting for since 2005 and I have been constantly sick and in daily pain, bowel movement from straining, constipated, coughing up blood, headaches, stomach aches, and loss of weight on some days. I can't walk or eat due to pain. The abdominal hernia has a 20 to 30 centimeter hole in it which my intestines are caught inside causing stranguation of my intestine and pain, constipation, bile entering my blood stream, toxins in my bowels causing jaundice in my skin. I'm a diabetic and requested Booster drinks and a dialysis test. No real test were taken. I'm sick of constantly being in pain and constipated. The Medical Department cut my Ultram and Colace off. I do not know why when I need the Ultram 4 times a day for the pain I'm suffering daily and the Colace for the constipation so I can have unstrained bowel movements. I need my colonoscopy and abdominal hernia surgeries. It's been since 2005. I have been in pain since and I have been waiting for so long. Why am I being denied medical treatment? My Ultram and Colace was cut off on June 26, 2007. I need them now! Why am I being denied medical treatment when it is obvious that my physical condition is life threatening? How much longer must I suffer daily pain and constipation due to this abdominal hernia not getting emergency repair and possible colon cancer? Three doctors at DCC say I need hernia repair surgery but the medical provider insurance company doctor claims my condition is non-medical which prevented surgery for the colonoscopy abd hernia repair. Due to length of appeal the computer would not accept any further information.

REMEDY REQUEST

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 07/17/2007

GRIEVANCE INFORMATION - BGO**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

REFERRED TO

Due Date : Referred to: Name:

Type of Information Requested :

Response to Information Requested :

DECISION

Date Received : 07/17/2007

Decision Date :

Vote :

Comments :

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 07/17/2007

GRIEVANCE INFORMATION - MEDICAL PROVIDER

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 110563	Grievance Date : 04/16/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/12/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

MEDICAL PROVIDER

Provider Name : Contracted Health Services	Date Received : 05/01/2007
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MEDICAL HISTORY

Dates	Treatment
04/19/2007	SEEN BY OTT, NP
05/09/2007	CT ABD & PELVIS W/ CONTRAST & COLONOSCOPY ORDERED BY DR. VANDUSEN
05/23/2007	PER OUTPT CLERK, CT ABD & PELVIS + COLONOSCOPY APPROVED & SCHEDULED

DECISION

Decision Date:	Vote :
Comments : ADVANCE TO LEVEL II	

To: D.C. Warden Mr. Thomas Carroll

From: Inmate Edward Williams SBI#350587

Date: August 7, 2007

SUBJECT APPEAL OF MEDICAL GRIEVANCE
#110563 STATUS UNRESOLVED Dated
7/17/07

There seems to be a problem with the Computer and staff being on vacation during the receipt of this Appeal #110563.

The Computer print out states that my Appeal is not an Appeal and that due to vacations no grievance were picked up on July 3, 2007 when this Appeal was due on July 1st 2007.

I Filed this Appeal on time; #110563. It is not my fault vacation stop my Appeal from being picked up and heard on time. My medical condition is Life threatening I may have colon Cancer and I have been waiting for over 19 months for a Colonoscopy and I have an ABDOMINAL HERNIA which keeps me sick and in constant pain and constipated causing me to have bloody

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 07/23/2007

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 130923	Grievance Date : 06/26/2007	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type : Health Issue (Medical)	Incident Date : 06/26/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: My Medication for pain and constipation (Ultram and Colace) have been cut off. I have daily pain and constipation due to an adominal hernia. I have a 20 to 30 cebntimeter hole in the artificial wall where the hernia in my intestine is caught in the hernia rupture strangling my intestine which is causing me daily pain and constipation. I need both my medications or I will stay sick, in pain, and constipated. I also requested booster drink for my constant weight loss and a diabetes test.

Remedy Requested : I want to see Dr. VanDusen or any sane doctor to examine me and to prescribe my Ultram for 4 times a day and Colace. For the doctor to give me booster drink prescription and a real diabetes test. I am a diabetic and I need to see a doctor. I filed Sick Call Slips but no appointment has been given me yet.

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 07/21/2007
Investigation Sent : 07/21/2007	Investigation Sent To :
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 07/23/2007

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 130923	Grievance Date : 06/26/2007	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 06/26/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

INFORMAL RESOLUTION

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 07/23/2007

GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 130923	Grievance Date : 06/26/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 06/26/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

IGC

Medical Provider: Contracted Health Services Date Assigned 07/21/2007

Comments:

☐ Forward to MGC
 ☒ Forward to Medical Provider
 ☐ Warden Notified
☐ Forward to RGC
 Date Forwarded to MGC :
☐ Offender Signature Captured
 Date Offender Signed :

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 07/23/2007

GRIEVANCE INFORMATION - MEDICAL PROVIDER**OFFENDER GRIEVANCE INFORMATION**

Offender Name : WILLIAMS, EDWARDS G	SBI# : 00350587	Institution : DCC
Grievance # : 130923	Grievance Date : 06/26/2007	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 06/26/2007	Incident Time :
IGC : McCreanor, Michael	Housing Location : Bldg D-EAST, Tier F, Cell 21, Bottom	

MEDICAL PROVIDER

Provider Name : Contracted Health Services	Date Received : 07/21/2007
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MEDICAL HISTORY

Dates	Treatment
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DECISION

Decision Date:	Vote :
Comments :	

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

5084 Edward Williams

Name (Print)

DIE - F-2

Housing Location

SEP 01 2007

12-01-59

Date of Birth

350587

SBI Number

8/28/07

Date Submitted

Complaint (What type of problem are you having)? I'm having bloody bowel movements,

From problems with this Abdominal Hernia my intestine is strangling in the hole of the hernia rupture I need emergency surgery it keeps me in pain day and night and Stomach Aches I also need colonoscopy and I need to see Doctor Mc Call to renew my ultram Prescription So I won't get cut off my meds on 9/12/07.

Edward Williams

Inmate Signature

8/28/07

Date

Thank you.

The below area is for medical use only. Please do not write any further.

S: You were seen on 8/30/07. Any further problems please submit another sick call.
Thanks

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

EDWARD WILLIAMS

D/E - F.21

Name (Print)

Housing Location

12-1-59

350587

10/28/07

Date of Birth

SBI Number

Date Submitted

The Pain from my ABDOMINAL HERNIA IS WORSTENING DAILY. Help,
 Complaint (What type of problem are you having)? I was seen on 10/27/07 and

was told to resubmit this request to see a Doctor to have
 My ultams increased to two 3 times a day to stop the pain I
 have from this ABDOMINAL HERNIA and to renew my prescription
 which expires 11/19/07 and to make sure I get my med pickup from
 a Sept 10, 2007 prescription. Edward Williams Date 10/28/07
 The below area is for medical use only. Please do not write any further.

S: Re'd 10/29/07 @ 10⁰⁰ Scheduled with NSC - medical kc

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Edward Williams

Name (Print)

D/E F-21

Housing Location

12-1-59

Date of Birth

350587

SBI Number

11/26/07

Date Submitted

Please Put me on this Appointment Sheet For this week 11/29/07
 Complaint (What type of problem are you having)? Daily pain Constipation hemorrhoids

Bloody bowel movements Caused From this "ABDOMINAL HERNIA" It's get-
 ting worst It's been 2 years waiting for Surgery last two to three Medical
 requests For this week of 11/22 to 11/26/07 I have not been put on
 the Appointment Sheet to See A Doctor for a new perscription of Colace
 and ultrams which expire 11/19/07 the ultrams you tell me to don't wait to
 the last minutes.
 Inmate Signature Edward Williams Date 11-26-07 Thank You

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED
203

IM Edward Guy Williams
SBI# 350587 UNIT D/E-F-21
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

(Handwritten circled "D")

FIRST CORRECTIONAL MEDICAL INC,

6861 N. ORACLE ROAD

TUCSON

Legal mail

SOUTH JERSEY MAIL
04 AUG 2007 PM 3 L

421



NIXIE 850 DC 1 00 08/09/07

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 19977347499 *2403-06308-04-41

199773474

|||||

red

DELAWARE 19977

I/M: Edward Williams
SBI #350587 Unit DIE F.21
D.C.C., 1181 PADDOCK Rd.
Smyrna Del, 19977



USPS
X-RA

OFFICE OF THE CLERK
United States District Court
844 N. King St. Lockbox 18
Wilm Delaware
19801-3570

